U S Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9656	2 Fiscal Year Covered From		
	[]/[]/[54] Through [2]/[3]/[64]		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name Robert D BIALK	Name Bravery Workers Local 9 UAW		
	Labor Organization File Number 04/402		
PO Box Bldg Room No If any	P O Box Building and Room Number if any		
Street 9618 W Greenfield Ave	Street 9618 W. Greenfield Ave		
city West Allis	City West Allis		
State WISCONSIN = ZIP Code +4 53014	State WISCONSIN ZIP Code +4 53214		
5 Position in labor organization President			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests, the first of the following interests is constant in the exclusions set forth in the instructions) (and the exclusions set forth in the exclusions set forth in the instructions) (and the exclusions set forth in the instructions) (and the exclusions set forth in the exclusions are the exclusions areal exclusions are the exclusions are the exclusions are the excl			
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6 Name and address of Employer (including trade name if any)	loyer (including trade name if any) 7 a Nature of Interest, Transaction or Income		
Name			
Trade Name if any			
PO Box Bidg Room No If any			
The state of the s	7 b Amount.		
Street			
City			
State ZIP Code + 4			
N' Signi	ature Local Law of		
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)			
Signed Robert D. Bialk	On 8-12-05 414-475-5898 Date Telephone Number		

Name of Person Filing	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Reinhart Breiner VanDeuren SC Trade Name if any PO Box Bldg Room No if any Street /000 Worth Water Street City Milwawker State Wisconsin ZIP Code + 4 53302	9 Business deals with a Labor Organization b Trust c Employer		
10 If 9 b or 9 c. is checked give trust or employer's name Name Milwawlet Breweryworkers Pousion Plan Trade Name if any PO Box Bidg Room No if any	Legal Coursel for Trus	t	
Street 968 W. Greenfield Ave City West Allis State Wisconsin ZIP Code + 4 53214	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Dec 17, 2009 Joint Committee Meeting (lauch)	# 30,000	
.,,	12 b Amount	24/25	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	14 a Nature of payment		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		